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Maternal Mortality in Nepal: "Safe Birth," Health-Seeking Behaviors, Structural Violence, and the Trope of Culture

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Maternal mortality is a primary concern on the global health agenda, and a major issue in Nepal. Women in Nepal die as a result of pregnancy and childbirth complications at extraordinary rates. The development literature has tended to place disproportionate blame on traditional practices and ignorance as major forces behind maternal deaths. This paper contests that while traditional practices and beliefs may prove powerful points of intervention, how this knowledge is used must be scrutinized. A great deal of public health and development literature has sought to make broad categorizations about “tradition” in Nepal, an approach that ignores ethnic diversity, and decontextualizes birth practices. Further, this approach creates an illusion that there is a coherent birth system that is widespread across Nepal, and implies that a one-size-fits all approach to maternal health is possible.

The reality is far more complex, and anthropologists have decried this approach, citing the need for region-specific understanding and interventions. The trope of culture may suppress the complex realities within which people live their lives and make choices surrounding parturition. Researching birth systems is invaluable, but must be matched with equal or greater attention to structural violence and subsequent impacts on maternal health.

Building on the work of Sienna Craig, this paper explores “safe” birth as conceptualized by Nepali women, and how these practices may contradict the biomedical model. While some traditional practices may indeed be harmful, to blame “culture” is to reduce the complex issue of maternal death in Nepal, and potentially allow for us to blame the purported ignorance of those most in need. Further, this paper argues that as the American birthing system and biomedical model of birth is frequently imposed on other birthing systems as a part of health and development efforts and therefore, a critical discussion of maternal health practices and the underlying assumptions of the American system is necessary before examining the contradictions in “safe birth” found between Nepali birth systems and the American biomedical model.

Additionally, this research explores the maternal health-seeking behaviors of Nepali women, identifying both structural and cultural factors that serve as barriers to women receiving biomedical care. Maternal health seeking behaviors in Nepal are complex, and understanding women’s maternal agency, and household-level decision making is critical to improving maternal health in Nepal.

Nepal has seen noticeable and commendable drops in maternal mortality, and projects like the Nepal Safe Motherhood Project have expanded access to services. However, tremendous gaps remain, and underutilization of health services remains a critical issue. In addition to underutilization of services, structural issues such as poverty, lack of health facilities, difficult geographic terrain, and gender disparities all keep the MMR high. As we pass the deadline for the Millennium Development Goal target of reducing maternal mortality by three quarters and look ahead, a critical medical anthropological approach to understanding MMR in Nepal is needed. What is required to move forward with the agenda of reducing maternal mortality in Nepal, is not just an examination of “culture”, and a brandishing of indigenous practices as “unsafe”, but an approach that takes into account the birth system and the meaning of these systems for Nepali women. Further, structural inequalities must be addressed. High priority should be given to improving the general conditions of women’s lives including education, health care, and adequate nutrition.

Given the great diversity found in Nepal, we must move beyond the search for universals, and be willing to tackle maternal health at the local level. We must re-contextualize disjointed “facts” about birth in Nepal, and take a closer look at women’s agency and birth outcomes, and broad examination of the complexities and context in which women live their lives.

This paper contests that what is required to move forward with the agenda of reducing the MMR in Nepal, is not just an examination of “culture”, and a brandishing of indigenous practices as “unsafe”, but a critical medical anthropological approach that also addresses structural violence and determinants of ill health.